

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019292

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 84

VS 300  
Rev. 4/59

10495  
8490

3

4 0

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9527.1

10

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12-2

13-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. **FILED MAY 16 1962**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Jasper</b>	a. STATE <b>Mo.</b> b. COUNTY <b>Jasper</b>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Webb City</b>	Length of stay in 1b <b>1 Day</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Jane Chinn Hospital</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. STREET ADDRESS <b>600 N. Washington</b>	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First <b>Dillard</b> Middle <b>Howard</b> Last <b>Hargis</b>	4. DATE OF DEATH Month <b>May</b> Day <b>8</b> Year <b>1962</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>
8. DATE OF BIRTH <b>6/7/1904</b>	9. AGE (last birthday) <b>57</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Truck Driver, former</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Big Express Motor Co.</b>	11. BIRTHPLACE (City and state or country) <b>Aurora, Mo.</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	13a. FATHER'S NAME <b>John Hargis</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Welch</b>
14. NAME OF HUSBAND OR WIFE <b>Mrs. Virgie Kennedy, Picher, Okla.</b>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>[REDACTED]</b>

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH <b>2 hrs</b>
IMMEDIATE CAUSE (a) <b>Acute circulatory collapse</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
DUE TO (b) <b>Pulmonary empyema</b>	
DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour <b>8:45</b> a.m. p.m. Month, Day, Year <b>6-10-62</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION <b>Carthage, Missouri</b>	20g. COUNTY <b>Carthage</b>	20h. STATE <b>Missouri</b>
21. I attended the deceased from <b>6-10-62</b> to <b>5-8-62</b> and last saw her alive on <b>5-8-62</b> Death occurred at <b>8:45 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	22a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>D.O.</b>	22b. ADDRESS <b>Carthage, Mo.</b>
22c. DATE SIGNED <b>5-9-62</b>		

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>5/11/1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Park Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Carthage, Missouri</b>
24. FUNERAL DIRECTOR <b>Hedge-Lewis Funeral Home, Webb City, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>5-10-62</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. Madeline Switzer</b>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

FEB 1 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Richard Gray Lewis

Licensed Embalmer No. 4403

P. O. Address Webb City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.